

Sent by: DAYBRITE LIGHTING

601 841 5596;

08/20/02 10:24AM; JetFax #461; Page 2/2

PTO/SB/01A (10-01)

App. or use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**Title of Invention** **RETROFIT RECESSED FLUORESCENT STRIP FIXTURE AND METHOD**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 09/865,833, filed on 05/25/2001,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

Every error in the patent, which was corrected in the present application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the applicant.

All statements made herein or my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one:	Given Name:	Carlton	Family Name or Surname:	Plunk
Signature:				Date:
Residence City:	Saltillo	State:	Mississippi	Country: USA
Citizenship:	USA			

Mailing Address: 281 North 3rd Avenue

City:	Saltillo	State:	Mississippi	Zip:	38866	Country:	USA
-------	----------	--------	-------------	------	-------	----------	-----

Inventor two:	Given Name:	Family Name or Surname:
---------------	-------------	-------------------------

Signature:	Date:		
Residence City:	State:	Country:	Citizenship:

Mailing Address:

City:	State:	Zip:	Citizenship:
-------	--------	------	--------------

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.